


6105

Risk Category: <u>2</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>							
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>9/4/24</u>		Time In: <u>10:50</u> AM/PM		Time Out: _____ AM/PM							
Establishment: <u>Congregational Church</u>				LHD: <u>NVHD</u>		Purpose of Inspection: <u>Routine</u> Pre-op							
Address: <u>9 Division Street</u>				Reinspection: _____ Other: _____									
Town/City: <u>Naugatuck</u>													
Permit Holder: <u>Agnes Dann</u>													
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized									
Employee Health				Time/Temperature Control for Safety									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time and temperatures									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper reheating procedures for hot holding									
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures									
Good Hygienic Practices				Consumer Advisory									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food									
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Time as a public health control: procedures and records									
Preventing Contamination by Hands				Highly Susceptible Population									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Pasteurized foods used; prohibited foods not offered									
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Food/Color Additives and Toxic Substances									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Food additives: approved and properly used									
Approved Source				Conformance with Approved Procedures									
11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Toxic substances properly identified, stored & used									
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Compliance with variance/specialized process/ROP criteria/HACCP Plan									
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES						
Food in good condition, safe, and unadulterated				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
Required records available: molluscan shellfish identification, parasite destruction				Safe Food and Water		Proper Use of Utensils		Utensils and Equipment					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pasteurized eggs used where required				In-use utensils: properly stored									
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled									
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used									
Food Temperature Control				Physical Facilities									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cooling methods used; adequate equipment for temperature control				Hot and cold water available; adequate pressure									
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Plant food properly cooked for hot holding				Plumbing installed; proper backflow devices									
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Approved thawing methods used				Sewage and waste water properly disposed									
36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Thermometers provided and accurate				Toilet facilities: properly constructed, supplied, & clean									
Food Identification				Prevention of Food Contamination									
37	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food properly labeled; original container				Insects, rodents, and animals not present									
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Personal Cleanliness									
Person in Charge (Signature) <u>Agnes Dann</u> Date <u>9-4-24</u>				39				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Person in Charge (Printed) <u>Agnes Dann</u>				Contamination prevented during food preparation, storage & display									
Inspector (Signature) <u>Amy Durand</u> Date <u>9/9/24</u>				40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Inspector (Printed) <u>Amy Durand</u>				Wiping cloths: properly used and stored									
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.				41				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				Washing fruits and vegetables									
				42				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				49				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				Non-food contact surfaces clean									
				56				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				Adequate ventilation and lighting; designated areas used									
				Natural rubber latex gloves not used per CGS §19a-36f									
				Violations documented		Date corrections due		#					
				Priority Item Violations									
				Priority Foundation Item Violations									
				Core Item Violations									
				Risk Factor/Public Health Intervention Violations									
				Repeat Risk Factor/Public Health Intervention Violations									
				Good Retail Practices Violations									
				Requires Reinspection - check box if you intend to reinspect									

Food Establishment Inspection Report

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Inspection Report Continuation Sheet

Date 9/4/24Establishment congregational church Town naugatuck

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
door fridge	35°F				
handsink	85°F				
freezer	-7°F				

no food to temp ✓
only condiments & drinks in door fridge.

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number

CFPM: Agnes Dann 11/19/28

handsink stocked ✓ signage ✓ hot h2o ✓
sanitizer: bleach ✓ test strips ✓
spill kit ✓ V&D procedures
microwave good ✓
nitrile gloves ✓
probe thermometer
cutting boards good ✓

Person in Charge (Signature) Agnes Dann
Inspector (Signature) amy chiuDate 9-4-24
Date 9/4/24